#### NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

- Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

# | Reporting Information | Year: 2013 | | Fill in circle if amendment ⊗ | | Report Period: ⊗ January/June ○ July/December | | Type of Lobbying: ⊗ Nonprocurement ○ Procurement ○ Both | | Client Filing Fee Check Number: Cr Card Auth Code 288993

FOR OFFICE USE	ONLY (amendment)
Cm	Cartari
	0 0 2013
REC	CEIVED AUG D 9 2013
amended 5	to winclude 50F

Il Client Information		
Name: Northern Metropolitan Hospital Association		
Permanent Business Address: 400 Stony Brook Court	State: New York	ZIP code:12550
City: Newburgh		
Business Phone: (845) 562-7520	Fax Number: (845) 562	-018/
Third Party Beneficiary (see instructions):		

							construction and a superior
III An	Lobbyist(s) In	formation & Cor	npe on b	ensation (Curre ehalf of the client m ization.	e <b>nt</b> ust b	e reported below, re	egardless of whether the
	Type of Lobbyist:	O Retained	-	Employed	0	Designated Both	
	Level of Gov't: Name: Northern Me	⊗ State Lobbying etropolitan Hospital Asso	3,500	and the state of t		Phone Number: (8	45) 562-7520
	Address: 400 Stony City: Newburgh	Brook Court				State: NY	ZIP code:12550
	Compensation fo	r current period: \$0		.00	_		
В	Type of Lobbyist:	⊗ Retained	0	Employed	0	Designated	
	Level of Gov't:	⊗ State Lobbying	0	Local Lobbying	0	Both	
	Name: Wilson Else	r Moskowitz Edelman & [	Dicker	, LLP		Phone Number: (5	18) 449-8893
	Address: 677 Broad	way				State: NY	ZIP code:12207
	City: Albany	l - d- d- Cas	000	.00		Sidie	
_		or current period: \$15	0000			) Designated	
C		O Retained	0	Employed			
	Level of Gov't:	O State Lobbying	C	Local Lobbying		) Both	
	Name:					Phone Number:	
	Address:						- 12721 - V
	City:					State:	ZIP code:
	Compensation fo	r current period: \$		.00			
	Continued on attac						.15000
-	TOTAL COMPENS	ATION of All Johnvi	cts fo	or current period.		A+B+C+addend	um sheets): \$15000 .0



V Other Expenses (Curre				Only)				00
Report in the aggregate all expenses less than or equal to \$75:						70		.00
<b>B</b> Report in the aggregate all expenses for salaries of non-lobbying employees:						0		.00
Itemize each expense exceeding	\$75:		DATE:	,	,	0	A	Social Ever
PAID TO:			AMOUNT:	·	.00	0	7.9	
purpose: O procurement & nonpro	CLIDEN	ENIT	AMOUNT.	Ÿ	.00	O	Addendum	indched
O PROCUREMENT & NONPRO	JCOKLIVI	LIVI	DATE:	/	/	0	Ad O	Social Ever
PURPOSE:			AMOUNT:	S	.00	0		
	CLIDEN	ENIT	71111001111	*	1.5.5	0	Addendom	inachea
S 1 NO CONTENTED IN		LINI						
Continued on attached p  * If any expense listed above	avceeds	\$75 for a	n individual, ya	ou must	attach the	adde	ndum page listir	ng the
expense, dollar amount attr	ibutable	to the ind	lividual and the	e name,	title and el	mpioy	ver of the marvio	ioui.
Total expenses for current peri	<b>od</b> : \$70		.00 (if appli	icable, in	iclude all ex	pense	es from attached	pages in 101
/ Source of Funding Disc			ASSERVABLE PURE TO A SECTION			NEW YEAR	STANCE INCOME AND	
A Below list all Contribution (s) from Single Source	antive Co dditional	antributions	SHOMETINE SINCE	e Source	have been	recei	ved, use section	V(C) of the
Single Source Entity's Name: <sub>See A</sub>		ict						
or Single Source Person's Last Name		130		First 1	Name:			
Address:								
City:				State	<b>e</b> :		ZIP co	ode:
Phone:								
Date Contribution Received:	/	/	Amo	ount of (	Contribution	n: \$		.00
Date Contribution Received:	/	/	Amo	ount of (	Contribution	n: \$		.00
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Date Contribution Received:	/	/	Amo	ount of (	Contributio	n: \$		.00
Date Contribution Received:	/	/	Amo	ount of (	Contributio	n: \$		.00
Check here if using section V(C) of the	he Adder	ndum for a	dditional Contr	ibutions:				
Contribution(s) Single Source #2								
Single Source Entity's Name:								
or Single Source Person's Last Name	e:			First	Name:			
Address:								
City:				State	e:		ZIP C	ode:
Phone:								
117177	/	/	Amo	ount of	Contributio	n: \$		.00.
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## NORTHERN METROPOLITAN HOSPITAL ASSOCIATION 2013 SOURCE OF FUNDING

Contributions from			<b>AMOUNT OF</b>
Single Source	Name/Address	DATE REC'D	CONTRIBUTION
#1	Benedictine Hospital	06/30/2013	288
π1	105 Mary's Avenue		
	Kingston, NY 12401		
	Phone: (845) 338-2500		
	( 1010)		
#2	Blythedale Children's Hospital	06/30/2013	151
	Bradhurst Avenue		
	Valhalla, New York 10595		
	Phone: (914) 592-7555		
		06/20/2012	278
#3	Bon Secours Community Hospital	06/30/2013	2,0
	160 East Main Street		
	Port Jervis, NY 12771		
	Phone: (845) 858-7000		¥
		06/30/2013	423
#4	Burke Rehabilitation Hospital		
	785 Mamaroneck Avenue		
	White Plains, New York 10605		
	Phone: (914) 597-2500		
#5	Catskill Regional Medical Center	06/30/2013	325
#5	68 Harris-Bushville Road		
	Harris, NY 12742		
	Phone: (845) 794-3300		
	Priorie. (643) 734 3366		000000000000000000000000000000000000000
#6	Ellenville Regional Hospital	06/30/2013	134
#0	P.O. Box 668, Route 209		
	Ellenville, New York 12428-0668		
	Phone: (845) 647-6400		
	Thomas (o to) a		
	BonSecours Charity Health System		020
#7	Good Samaritan Hospital	06/30/2013	930
	255 Lafayette Avenue		
	Suffern, New York 10901-4869		
	Phone: (845) 368-5000		
Megan	II I I I I I I I I I I I I I I I I I I	06/30/2013	134
#8	Helen Hayes Hospital	Section 10 Trape 10 Section 10 Se	
	Route 9W		
	West Haverstraw, NY 10993		
	Phone: (845) 786-4000		

## NORTHERN METROPOLITAN HOSPITAL ASSOCIATION 2013 SOURCE OF FUNDING

Contributions from	2010 0001102 07 1 0110110		AMOUNT OF
	Name/Address	DATE REC'D	CONTRIBUTION
Single Source		06/30/2013	402
#9	Hudson Valley Hospital Center	00/30/2013	
	1980 Crompond Road Cortlandt Manor, New York 10567		
	Phone: (914) 737-9000		
114.0	The Kingston Hospital	06/30/2013	304
#10	The Kingston Hospital	55,55,255	
	396 Broadway Kingston, NY 12401		
	Phone: (845) 331-3131		
***	Laurana Hanital Contar	06/30/2013	668
#11	Lawrence Hospital Center 55 Palmer Avenue	25,25,	
	Bronxville, New York 10708-3491		
	Phone: (914) 787-1000		
	The Manuar Versian Hasnital	06/30/2013	329
#12	The Mount Vernon Hospital		
	12 North Seventh Avenue		
	Mount Vernon, New York 10550		
	Phone: (914) 664-8000		
	a	06/30/2013	200
#13	Northern Dutchess Hospital	00/30/2020	
	6511 Springbrook Avenue		
	Rhinebeck, NY 12572		
	Phone: (845) 876-3001		
(CANADA)	Market Manifel Contor	06/30/2013	1,149
#14	Northern Westchester Hospital Center	33,33,	
	400 Main Street		
	Mount Kisco, New York 10549		
	Phone (914) 666-1200		
	NV Declaration Hospital	06/30/2013	318
#15	NY Presbyterian Hospital	33/33/232	
	Westchester Division		
	21 Bloomingdale Road		
	White Plains, NY 10605		
	Phone: (914) 682-9100		
	The standard Contract	06/30/2013	1,020
#16	Orange Regional Medical Center	00/30/2013	
	60 Prospect Avenue		
	Middletown, New York 10940		
	Phone: (845) 695-5800		
		06/30/2013	889
#17	Phelps Memorial Hospital Center	00/30/2013	303
	701 North Broadway		
	Sleepy Hollow, New York 10591-1096		
	Phone: (914) 366-3000		

## NORTHERN METROPOLITAN HOSPITAL ASSOCIATION 2013 SOURCE OF FUNDING

Contributions from Single Source	Name/Address	DATE REC'D	AMOUNT OF CONTRIBUTION
#18	Putnam Hospital Center 670 Stoneleigh Avenue Carmel, NY 10512 Phone: (845) 279-5711	06/30/2013	481
#19	Sound Shore Medical Center of Westchester 16 Guion Place New Rochelle, NY 10802 Phone: (914) 632-5000	06/30/2013	545
#20	Saint Anthony Community Hospital 15-19 Maple Avenue Warwick, NY 10990 Phone: (845) 986-2276	06/30/2013	173
#21	St. Francis Hospital 35 North Road Poughkeepsie, New York 12601-1399 Phone: (845) 471-2000	06/30/2013	528
#22	St. Joseph's Medical Center 127 South Broadway Yonkers, New York 10701 Phone: (914) 378-7000	06/30/2013	1,252
#23	St. Luke's Cornwall Hospital 70 Dubois Street Newburgh, New York 12550 Phone: (845) 534-7711	06/30/2013	576
#24	Vasar Brothers Medical Center Reade Place Poughkeepsie, New York 12601 Phone: (845) 454-8500	06/30/2013	1,171
#25	White Plains Hospital Center Davis Avenue at East Post Road White Plains, New York 10601-4699 Phone: (845) 454-8500	06/30/2013	1,237

Budget, Regulatory and Legislative Issues Pertaining to Healthcare and Hospitals  O Continued on attached pages  O Continued on attached pages  VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobble, 46571, 47267A, 48001, 48010, 5131, 51772, 51988, 52079, 53691A, 53026A, 52326A, 524215, 54414, 73256, 5233, 55748, 55834, 52500B, 23000B, 52600B, 43000B, 52600B, 4300B, 5260B, 4	VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative Body lobbied:
VIII Bill. Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbled:  A1085, A1197, A1217, A1988, A2365, A2691B, A3285, A4729, A5146, A6571, A7257A, A6001, A8010, S131, S2526, D5333, S5784, S5834, S2600B, A3000B, S26017, A3010, S2602/A2602, S2603B, A3003B, S2604B, A3004B, S2605B, A3005B, S2608B, A3008B, S2604B, A3000B, S2604B, A3000B, S2605B, A3008B, S2609B, A3009B  O Continued on attached pages  IX Number of Subject Matter of Executive Order of Governor/Municipality lobbled:  X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbled:  None  Continued on attached pages  XI Declaration  This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.) I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.  X SIGNATURE:  PRINT NAME: LAST Dahill  TITLE: President & CEO	Budget, Regulatory and Legislative Issues Pertaining to Healthcare and Hospitals	
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Contracts/documents lobbiled:  contracts/documents lobbiled:  contracts/documents lobbiled:  Contracts/documents lobbiled:  Contracts/documents lobbiled:  None  Contracts/documents lobbiled:  Contracts/documents lobbiled:  Contracts/documents lobbiled:  None  Contracts/documents lobbiled:  None  Contracts/documents lobbiled:  Contracts/documents lobbiled:  Contracts/documents lobbiled:  None  Contracts/documents lobbiled:  None  Contracts/documents lobbiled:  Contracts/documents/lobbiled:  Contrac	O Continued on attached pages	O Continued on attached pages
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None	description relative to the introduction or intended introduction of legislation or a resolution on which	contracts/documents lobbied:
A4729, A5146, A6571, A7257A, A8001, A8010, S131, S1772, S1988, S2079, S3691A, S3926A, S4215, S4414, S5256, D5333, S5784, S5834, S2600B, A3000B, S26001/A3001, S2602/A2602, S2603B, A3003B, S2604B, A3004B, S2608B, A3006B, S2608B, A3009B  Continued on attached pages  Continued on attached pages  Continued on attached pages  X   Subject Matter of and Tribes involved in tribal-state compacts, etc lobbled:  None  Continued on attached pages  Continued on attached pages  X   Subject Matter of and Tribes involved in tribal-state compacts, etc lobbled:  None  Continued on attached pages  X   Declaration  This Declaration  This Declaration must be signed by the Chief Administrative Officer, (if the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)  I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and bellef.  X SIGNATURE:  PRINT NAME: LAST Dahill  TITLE: President & CEO	von lobbied.	None
S256, D5333, S5784, S2600B, A3000B, S26017 A3001, S2602/A2602, S2603B, A3003B, S2604B, A3004B, S2608B, A3008B, S2609B, A3009B  Continued on attached pages  Continued on attached pages  Continued on attached pages  X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:  None  Continued on attached pages  Continued on attached pages  Continued on attached pages  X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:  None  Continued on attached pages  Continued on attached pages  X I Declaration  This Declaration must be signed by the Chief Administrative Officer, (if the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.) I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.  X SIGNATURE:  PRINT NAME: LAST Dahill  TITLE: President & CEO	A4729, A5146, A6571, A7257A, A8001, A8010, S131,	
S2605B, A3005B, S2606B, A3006B, S2607B, A3007B, S2608B, A3008B, S2609B, A3009B  Continued on attached pages  Continued on attached pages  X Subject Matter of Executive Order of Covernor/Municipality lobbiled:  None  Continued on attached pages  Continued on attached pages  Continued on attached pages  Continued on attached pages  X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbiled:  None  Continued on attached pages  XI Declaration  This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.) I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and bellef.  X SIGNATURE:  DATE: SIGNATURE:	S5256, D5333, S5784, S5834, S2600B, A3000B, S2601/	
Continued on attached pages    X   Subject Matter of Executive Order of Governor/Municipality lobbled:   None     X   Subject Matter of and Tribes involved in tribal-state compacts, etc lobbled:   None   None     None     None	S2605B, A3005B, S2606B, A3006B, S2607B, A3007B,	
IX   Number or Subject Matter of Executive Order of Covernor/Municipality lobbied:    None	S2608B, A3008B, S2609B, A3009B	O. O. III and an attended pages
None  O Continued on attached pages  Continued on attached pages  XI Declaration  This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)  I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.  X SIGNATURE:  DATE:  PRINT NAME: LAST Dahill  TITLE: President & CEO	O Continued on attached pages	O Continued on affactive pages
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reason, does not sign, he/she must duly designate another person to sign this Declaration, (correct, and complete to the best of my knowledge and belief.    X SIGNATURE:   DATE:   DATE:   PRINT NAME: LAST Dahill   FIRST Kevin   TITLE: President & CEO	the Chief Administration	ve Officer. (If the Chief Administrative Officer, for any
PRINT NAME: LAST Dahill  TITLE: President & CEO	reason, does not sign, he/she must duly designate another leading declare under penalty of periury that the info	mation contained in this report is true,
PRINT NAME: LAST Dahill  TITLE: President & CEO  One of the state of t	correct, and complete to the best of my knowle	eage and gener.
TITLE: President & CEO	X SIGNATURE:	DATE: 8/6//3
Control of the Contro	PRINT NAME: LAST Dahill	FIRST Kevin
Mark One:   Chief Administrative Officer O Designee(Attach Letter)	TITLE: President & CEO	
Mark One:	Mark One: S Chief Administrative Officer O	Designee(Attach Letter)
	The following MUST be attached to this repo	ort at the time of submission:

- --You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)
- --If applicable, a designation letter if you have marked designee in section XI.
- --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.